



GLENWOOD VETERINARY CLINIC

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Equine Wellness Program Enrollment Form

Were you enrolled in our wellness program last year? If you re-enrolling, just check here, list horses and sign and date the bottom. **YES, I AM RE-ENROLLING**

If you are enrolling for the first time please complete the info below.

Client Name: _____ New Client: Yes No
Address: _____ Phone Numbers: _____
E-mail Address: _____

Horses to be Enrolled: (please write any additional patients on an additional sheet)

1) Name: _____ Breed: _____ Sex: _____ Age: _____

Last Vaccinations: Date: _____ Vaccines Given: _____
Last Deworming: Date: _____ Product: _____
Special Concerns: _____

2) Name: _____ Breed: _____ Sex: _____ Age: _____

Last Vaccinations: Date: _____ Vaccines Given: _____
Last Deworming: Date: _____ Product: _____
Special Concerns: _____

3) Name: _____ Breed: _____ Sex: _____ Age: _____

Last Vaccinations: Date: _____ Vaccines Given: _____
Last Deworming: Date: _____ Product: _____
Special Concerns: _____

Date of First Visit (approximate, we will contact you to confirm): _____

I agree to the following conditions:

Horses may be enrolled at any time of year. The client's account must be in good standing at the time of enrollment. Full payment is required at time of service, this may be by cash, check, Visa or Mastercard. All additional services required throughout the year will be provided at a 5% discount. Farm calls, deworming products, sheath cleaning and dentistry are not included in package price, but will be performed at a 5% discount. Horses who have not been previously vaccinated will require booster vaccinations. Appointments for next visit will be scheduled automatically and clients notified, they can be rescheduled if necessary. If the horse dies or is sold the program will be discontinued.

Signature

Date: _____